2009 Robert W. Greene High School Journalism Institute

Stony Brook University School of Journalism

N-4004 Frank Melville Jr. Memorial Library

Stony Brook, New York 11794-3384

journalisminstitute@stonybrook.edu

To The Applicant

Fill in the information below and give it to a teacher who has taught you an academic subject. Provide the teacher with a stamped envelope addressed to: Stony Brook University School of Journalism/HS Journalism Institute.

Student Name _____
Last *First* *Middle Initial*

Address _____
Number and Street *City* *State* *Zip*

Phone Number:_____ School you now attend _____

I waive access to this recommendation which shall therefore be considered confidential.

Student Signature _____ *Dale*

To The Teacher

Teacher's Name (please print or type) _____ Position _____

1. What are the first three words which come to mind to describe the applicant?

_____

2. How long have you known the applicant?_____ Do you have any reason to doubt this student's academic integrity? Yes / No

3. Please describe the talents or skills the applicant would bring to an intensive journalism program.

_____

_____

_____

_____

4. In terms of your teaching experience, how would you rate the applicant in comparison to his or her peers?

	No Basis	Below Average	Good	Outstanding	One of the best
Academic Achievement	_____	_____	_____	_____	_____
Academic Potential	_____	_____	_____	_____	_____
Maturity/ Personal Qualities	_____	_____	_____	_____	_____
Overall	_____	_____	_____	_____	_____

Signature _____ ***date***_____

Phone Number _____

Email

Signature _____ ***date***_____

Phone Number _____

Email